_		
3		
5		
•		
-		
2		
5		
5		
Ś		
,		
2		
5		
_		

B22C (Official Form 22C) (Chapter 13) (12/10)	According to the calculations required by this statement:				
	☐ The applicable commitment period is 3 years.				
In re: Phillips, Darrin L	▼ The applicable commitment period is 5 years.				
Debtor(s)	✓ Disposable income is determined under § 1325(b)(3).				
Case Number:	☐ Disposable income is not determined under § 1325(b)(3).				
	(Check the boxes as directed in Lines 17 and 23 of this statement.)				

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME						
	a. [ital/filing status. Check the box that applies and complete only Column A ("Debto") Married. Complete both Column A ("Debtor")	or's Income") for Lines 2-10.			
1	the si	gures must reflect average monthly income receive ix calendar months prior to filing the bankruptcy can be before the filing. If the amount of monthly incon divide the six-month total by six, and enter the res	ase, ending on the last day of the ne varied during the six months, you	Column A Debtor's Income	Column B Spouse's Income	
2	Gros	s wages, salary, tips, bonuses, overtime, commis	ssions.	\$ 5,416.67	\$	
3	a and one b	me from the operation of a business, profession, a lenter the difference in the appropriate column(s) obusiness, profession or farm, enter aggregate numb himent. Do not enter a number less than zero. Do nonses entered on Line b as a deduction in Part IV				
	a.	Gross receipts	\$			
	b.	Ordinary and necessary operating expenses	\$			
	c.	Business income	Subtract Line b from Line a	\$	\$	
4	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.					
·	a.	Gross receipts	\$			
	b.	Ordinary and necessary operating expenses	\$			
	c.	Rent and other real property income	Subtract Line b from Line a	\$	\$	
5	Interest, dividends, and royalties.			\$	\$	
6	Pens	ion and retirement income.		\$	\$	
7	expe that by th	amounts paid by another person or entity, on a nses of the debtor or the debtor's dependents, in purpose. Do not include alimony or separate main e debtor's spouse. Each regular payment should be nent is listed in Column A, do not report that payment	ncluding child support paid for itenance payments or amounts paid e reported in only one column; if a	\$ 200.00	\$	

	TI I	.1		() CT: 0				
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:							
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse	\$			\$	
9	Income from all other sources. Speci sources on a separate page. Total and a maintenance payments paid by your or separate maintenance. Do not include Act or payments received as a victim of international or domestic terrorism. a. b.	enter on Line 9. Do not inc spouse, but include all or lude any benefits received	clude alim ther payn under the S	ony or separate nents of alimon Social Security	y		\$	
10	Subtotal. Add Lines 2 thru 9 in Colum through 9 in Column B. Enter the total		ompleted,	add Lines 2	\$	5,616.67		
11	Total. If Column B has been complete and enter the total. If Column B has no Column A.				\$			5,616.67
•	Part II. CALCUL	ATION OF § 1325(b)(4) COMI	MITMENT P	ERIO	D		
12	Enter the amount from Line 11.						\$	5,616.67
13	Marital Adjustment. If you are marrithat calculation of the commitment per your spouse, enter on Line 13 the amora regular basis for the household exper basis for excluding this income (such a persons other than the debtor or the de purpose. If necessary, list additional acadjustment do not apply, enter zero. a. b. c.	niod under § 1325(b)(4) do unt of the income listed in uses of you or your depend as payment of the spouse's btor's dependents) and the	es not requestions to the second seco	aire inclusion of Column B that we pecify, in the ling by or the spouse of income devote conditions for e	the increase the i	come of I paid on ow, the ort of ch		
	Total and enter on Line 13.						\$	0.00
14	Subtract Line 13 from Line 12 and e	enter the result.					\$	5,616.67
15	Annualized current monthly income for 8 1325(h)(4) Multiply the amount from Line 14 by the number					number	\$	67,400.04
16	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					erk of		
	a. Enter debtor's state of residence: Wa	ashington	b. Ente	er debtor's hous	ehold s	size: 2	\$	63,873.00
17	Application of § 1325(b)(4). Check th ☐ The amount on Line 15 is less the ☐ 3 years" at the top of page 1 of thi ☐ The amount on Line 15 is not les ☐ period is 5 years" at the top of page	an the amount on Line 16 is statement and continue w is than the amount on Lin	6. Check the vith this state 16. Che	ne box for "The atement. ck the box for "	The ap			•
	Part III. APPLICATION OF					E INCO	ИE	

B22C ((Official Form 22C) (Chapter 13) (12						
18	Enter the amount from Line 11.					\$	5,616.67
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. S						0.00
20	Current monthly income for § 132	5(b)(3). Subtract	Line 1	9 from Line 18 and enter the	result.	\$	5,616.67
21	Annualized current monthly incor 12 and enter the result.	ne for § 1325(b)((3). Mu	ltiply the amount from Line	20 by the number	\$	67,400.04
22	Applicable median family income.	Enter the amount	t from l	Line 16.		\$	63,873.00
Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement and complete the remaining parts of this statement determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement complete Parts IV, V, or VI.						ment.	
	determined under § 1325(b)(3)"		e 1 of tl	nis statement and complete F		ement.	
	determined under § 1325(b)(3)" complete Parts IV, V, or VI. Part IV. CALCULA	at the top of page	UCTI	ONS ALLOWED UNDI	ER § 707(b)(2)	ement.	
	determined under § 1325(b)(3)" complete Parts IV, V, or VI. Part IV. CALCULA	at the top of page	UCTI		ER § 707(b)(2)	ement.	
24A	determined under § 1325(b)(3)" complete Parts IV, V, or VI. Part IV. CALCULA	TION OF DED tions under Stan and services, ho e "Total" amount of persons. (This rt.) The applicabl	dards ousekee t from l inform le numl	of the Internal Revenue Seeping supplies, personal call (RS National Standards for A lation is available at www.us per of persons is the number	eart VII of this state ER § 707(b)(2) rvice (IRS) re, and Allowable Living doj.gov/ust/ or that would	\$	
24A	determined under § 1325(b)(3)" complete Parts IV, V, or VI. Part IV. CALCULA' Subpart A: Deduct National Standards: food, apparel miscellaneous. Enter in Line 24A th Expenses for the applicable number from the clerk of the bankruptcy coucurrently be allowed as exemptions of	at the top of page FION OF DED tions under Stan and services, ho e "Total" amount of persons. (This rt.) The applicabl on your federal in Enter in Line a1 be ns under 65 years ns 65 years of age k of the bankrupte ge, and enter in Li e number of perso wed as exemption you support.) Mu It in Line c1. Mul- esult in Line c2.	dards ousekee t from l inform le numl come t elow th s of age e or old cy cour ine b2 ons in e ns on y ltiply I tiply L	of the Internal Revenue Securing supplies, personal care (IRS National Standards for Anation is available at www.us per of persons is the number of the amount from IRS National er, and in Line a2 the IRS National er. (This information is available.) Enter in Line b1 the applicable number of persons is the number of persons is the income tax return, plus the income tax return, plus the applicable number of persons is the number of persons in a person in the applicable number of persons age category is the number our federal income tax returning all by Line b1 to obtain a person in a purpose of the income tax returns and by Line b1 to obtain a person in a person in a person in a person in the income tax returns in a person in a person in a person in the income tax returns in the income tax returns in a person in the income tax returns in the income tax r	rvice (IRS) re, and Allowable Living doj.gov/ust/ or that would f any additional Standards for ional Standards for ional Standards for lable at cable number of sons who are 65 ber in that n, plus the number a total amount for total amount for	\$	Do not
	National Standards: food, apparel miscellaneous. Enter in Line 24A th Expenses for the applicable number from the clerk of the bankruptcy coucurrently be allowed as exemptions dependents whom you support. National Standards: health care. From the clerk of the bankruptcy coucurrently be allowed as exemptions of dependents whom you support. National Standards: health care. From the clerk of the latth care for person out-of-Pocket Health Care for person www.usdoj.gov/ust/ or from the clerk persons who are under 65 years of a years of age or older. (The applicable category that would currently be alled of any additional dependents whom persons under 65, and enter the result persons 65 and older, and enter the result persons 65 and older and enter the result persons 65 and older, and enter the result persons 65 and older and enter the result persons 65 and enter the result persons 65 and enter the result persons 65 and enter the result	at the top of page FION OF DED tions under Stan and services, ho e "Total" amount of persons. (This rt.) The applicabl on your federal in Enter in Line a1 be ns under 65 years ns 65 years of age k of the bankrupte ge, and enter in Li e number of perso wed as exemption you support.) Mu It in Line c1. Mul- esult in Line c2.	dards ousekee t from l inform le numl come t elow th s of age e or old cy cour ine b2 ons in e ns on y ltiply L tiply L Add Li	of the Internal Revenue Securing supplies, personal care (IRS National Standards for Anation is available at www.us per of persons is the number of the amount from IRS National er, and in Line a2 the IRS National er. (This information is available.) Enter in Line b1 the applicable number of persons is the number of persons is the income tax return, plus the income tax return, plus the applicable number of persons is the number of persons in a person in the applicable number of persons age category is the number our federal income tax returning all by Line b1 to obtain a person in a purpose of the income tax returns and by Line b1 to obtain a person in a person in a person in a person in the income tax returns in a person in a person in a person in the income tax returns in the income tax returns in a person in the income tax returns in the income tax r	rvice (IRS) re, and Allowable Living doj.gov/ust/ or that would f any additional Standards for ional Standards for lable at cable number of rsons who are 65 ber in that n, plus the number a total amount for total amount for all health care	\$	Do not
	Actional Standards: food, appared miscellaneous. Enter in Line 24A the Expenses for the applicable number from the clerk of the bankruptcy coururently be allowed as exemptions of dependents whom you support. National Standards: health care. From the clerk of the bankruptcy coururently be allowed as exemptions of dependents whom you support. National Standards: health care. From the clerk of the lath Care for person Out-of-Pocket Health Care for person www.usdoj.gov/ust/ or from the cler persons who are under 65 years of a years of age or older. (The applicable category that would currently be allowed any additional dependents whom persons under 65, and enter the result persons 65 and older, and enter the result amount, and enter the result in Line 19.	at the top of page FION OF DED tions under Stan and services, ho e "Total" amount of persons. (This rt.) The applicabl on your federal in Enter in Line a1 be ns under 65 years ns 65 years of age k of the bankrupte ge, and enter in Li e number of perso wed as exemption you support.) Mu It in Line c1. Mul- esult in Line c2.	dards ousekee t from l inform le numl come t elow th s of age e or old cy cour ine b2 ons in e ns on y ltiply L tiply L Add Li	cons allowed undirections of the Internal Revenue Sections supplies, personal carriers. National Standards for Anation is available at www.us per of persons is the number of ax return, plus the number of the amount from IRS Nationals, and in Line a2 the IRS Nationals, and in Line a2 the IRS Nationals. Enter in Line b1 the applicable number of persons is the number of persons is the number of persons is the number of persons in a person age category is the number of persons in a person in a by Line b1 to obtain a ine a2 by Line b2 to obtain a total ness c1 and c2 to obtain a total carriers.	rvice (IRS) re, and Allowable Living doj.gov/ust/ or that would f any additional Standards for ional Standards for lable at cable number of rsons who are 65 ber in that n, plus the number a total amount for total amount for all health care	\$	Do not
	Actional Standards: food, apparel miscellaneous. Enter in Line 24A the Expenses for the applicable number from the clerk of the bankruptcy coucurrently be allowed as exemptions dependents whom you support. National Standards: health care. From the clerk of the bankruptcy coucurrently be allowed as exemptions dependents whom you support. National Standards: health care. Frought of Pocket Health Care for person Out-of-Pocket Health Care for person www.usdoj.gov/ust/ or from the cler persons who are under 65 years of a years of age or older. (The applicable category that would currently be allowed any additional dependents whom persons under 65, and enter the result persons 65 and older, and enter the ramount, and enter the result in Line in Persons under 65 years of age	at the top of page FION OF DED tions under Stan and services, ho e "Total" amount of persons. (This rt.) The applicabl on your federal in Enter in Line a1 be ns under 65 years ns 65 years of age k of the bankrupte ge, and enter in Li e number of perso you support.) Mu tt in Line c1. Mul esult in Line c2. A 24B.	dards busekee t from I inform le numl come t elow the s of age e or old cy cour ine b2 ons in e ns on y ltiply I tiply L Add Li	cons ALLOWED UNDIce of the Internal Revenue Section of the Internal Revenue Section of the Internal Revenue Section of Supplies, personal catters are available at www.us per of persons is the number of the amount from IRS National of the amount from IRS National of the IRS National of	rvice (IRS) re, and Allowable Living doj.gov/ust/ or that would f any additional Standards for ional Standards for lable at cable number of sons who are 65 ber in that n, plus the number a total amount for total amount for all health care	\$	Do not

	Officia	al Form 22C) (Chapter 13) (12/10)			
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				522.00
25B	the IF information family tax returns the A	I Standards: housing and utilities; mortgage/rent expense. Enter, it as Housing and Utilities Standards; mortgage/rent expense for your comation is available at www.usdoj.gov/ust/ or from the clerk of the bandy size consists of the number that would currently be allowed as exempturn, plus the number of any additional dependents whom you support verage Monthly Payments for any debts secured by your home, as stated and enter the result in Line 25B. Do not enter an amount less	ounty and family size (this kruptcy court) (The applicable aptions on your federal income rt.); enter on Line b the total of ted in Line 47; subtract Line b		
	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,882.00		
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$ 230,000.00		
	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$	
26		ies Standards, enter any additional amount to which you contend you our contention in the space below:			
	an ex	l Standards: transportation; vehicle operation/public transportation pense allowance in this category regardless of whether you pay the exegardless of whether you use public transportation.		\$	
		k the number of vehicles for which you pay the operating expenses or uses are included as a contribution to your household expenses in Line			
27A		$\boxed{1}$ 2 or more.			
	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				192.00
27B	exper	Standards: transportation; additional public transportation expuses for a vehicle and also use public transportation, and you contend ional deduction for your public transportation expenses, enter on Line	that you are entitled to an		

B22C (Loca which	I Standards: transportation ownership/lease expense; Vehicle 1. On you claim an ownership/lease expense. (You may not claim an ownership/lease)			
28	Enter Trans	2 or more. The in Line a below, the "Ownership Costs" for "One Car" from the IRS sportation (available at www.usdoj.gov/ust/ or from the clerk of the based at a fine Average Monthly Payments for any debts secured by Vehica act Line b from Line a and enter the result in Line 28. Do not enter a	ankruptcy court); enter in Line b le 1, as stated in Line 47;		
	a.	IRS Transportation Standards, Ownership Costs	\$ 0.00		
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$		
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$	
29	Enter Trans the to	I Standards: transportation ownership/lease expense; Vehicle 2. Good the "2 or more" Box in Line 28. To in Line a below, the "Ownership Costs" for "One Car" from the IRS sportation (available at www.usdoj.gov/ust/ or from the clerk of the bastal of the Average Monthly Payments for any debts secured by Vehica act Line b from Line a and enter the result in Line 29. Do not enter a	Local Standards: ankruptcy court); enter in Line b le 2, as stated in Line 47;		
	a.	IRS Transportation Standards, Ownership Costs	\$		
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$		
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$	
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.				
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.				
32	for te	r Necessary Expenses: life insurance. Enter total average monthly perm life insurance for yourself. Do not include premiums for insurance life or for any other form of insurance.		\$	
33	requi	r Necessary Expenses: court-ordered payments. Enter the total mored to pay pursuant to the order of a court or administrative agency, statents. Do not include payments on past due obligations included in	uch as spousal or child support	\$ 300.00	
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged				
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.			\$	
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not			\$	
37	you a servi	r Necessary Expenses: telecommunication services. Enter the total actually pay for telecommunication services other than your basic home ce—such as pagers, call waiting, caller id, special long distance, or in sary for your health and welfare or that of your dependents. Do not incted.	ne telephone and cell phone ternet service—to the extent	\$	

38	Total Expenses Allowed under IRS St	andards. Enter the total of Lines 24 through 37.	\$	2,163.00
		Additional Expense Deductions under § 707(b) aclude any expenses that you have listed in Lines 24-37		
		ee, and Health Savings Account Expenses. List the monthly as a-c below that are reasonably necessary for yourself, your		
	a. Health Insurance	\$		
	b. Disability Insurance	\$		
39	c. Health Savings Account	\$		
	Total and enter on Line 39		\$	
	If you do not actually expend this tota the space below:	al amount, state your actual total average monthly expenditures in		
	\$			
40	monthly expenses that you will continue	f household or family members. Enter the total average actual to pay for the reasonable and necessary care and support of an ber of your household or member of your immediate family who is a include payments listed in Line 34.	\$	
41	you actually incur to maintain the safety	ter the total average reasonably necessary monthly expenses that of your family under the Family Violence Prevention and law. The nature of these expenses is required to be kept	\$	
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			
43	actually incur, not to exceed \$147.92 pe secondary school by your dependent chi trustee with documentation of your ac	ildren under 18. Enter the total average monthly expenses that you or child, for attendance at a private or public elementary or aldren less than 18 years of age. You must provide your case ctual expenses, and you must explain why the amount claimed already accounted for in the IRS Standards.	\$	
44	clothing expenses exceed the combined National Standards, not to exceed 5% or	Enter the total average monthly amount by which your food and allowances for food and clothing (apparel and services) in the IRS f those combined allowances. (This information is available at the bankruptcy court.) You must demonstrate that the ble and necessary.	\$	
45	charitable contributions in the form of c	nount reasonably necessary for you to expend each month on ash or financial instruments to a charitable organization as defined clude any amount in excess of 15% of your gross monthly	\$	
46	Total Additional Expense Deductions	under § 707(b). Enter the total of Lines 39 through 45.	\$	

Subpart C: Deductions for Debt Payment Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. Does payment Average 47 Monthly include taxes or Name of Creditor Property Securing the Debt **Payment** insurance? **Aurora Bank Fsb** Residence \$ 230,000.00 yes no \$ b. yes no \$ yes no Total: Add lines a, b and c. 230,000.00 Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. 48 1/60th of the Name of Creditor Property Securing the Debt Cure Amount **Aurora Bank Fsb** Residence 566.67 \$ b. \$ Total: Add lines a, b and c. 566.67 Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, 49 such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. \$ Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. \$ Projected average monthly Chapter 13 plan payment. Current multiplier for your district as determined under schedules issued by the Executive Office for United States 50 Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) X Average monthly administrative expense of Chapter 13 Total: Multiply Lines a and b \$ 51 **Total Deductions for Debt Payment.** Enter the total of Lines 47 through 50. 230,566.67 **Subpart D: Total Deductions from Income** 52 **Total of all deductions from income.** Enter the total of Lines 38, 46, and 51. 232,729.67

o J
Software
- Forms
[1-800-998-2424]
<u>10</u>
Ď,
EZ-Filir
Ż

		Part V. DETERMINATION OF DISPOSABLE INCOME UNDER	2 § 1325(b)(2)			
53	Tots	al current monthly income. Enter the amount from Line 20.		\$	5,616.67	
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.				0,010101	
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer					
56	Tota	al of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.		\$	232,729.67	
57	for v in lin total prov	uction for special circumstances. If there are special circumstances that justify addit which there is no reasonable alternative, describe the special circumstances and the respectance are also below. If necessary, list additional entries on a separate page. Total the expension Line 57. You must provide your case trustee with documentation of these expenses ride a detailed explanation of the special circumstances that make such expenses necessionable.	ulting expenses es and enter the s and you must sary and Amount of			
31		Nature of special circumstances	expense			
	a.		\$			
	b. c.		\$			
	C.	Total: Add I	Lines a, b, and c	\$		
58		al adjustments to determine disposable income. Add the amounts on Lines 54, 55, 5 r the result.	6, and 57 and	\$	232,729.67	
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.				-227,113.00	
		Part VI. ADDITIONAL EXPENSE CLAIMS				
	and v	Expenses. List and describe any monthly expenses, not otherwise stated in this form welfare of you and your family and that you contend should be an additional deduction ne under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page monthly expense for each item. Total the expenses.	from your current	mo	nthly	
		Expense Description	Monthly Ar	noui	nt	
60	a.		\$			
	b.		\$			
	c.		\$			
		Total: Add Lines a, b and	c \$			
		Part VII. VERIFICATION				
		lare under penalty of perjury that the information provided in this statement is true and debtors must sign.)	l correct. (If this a	join	t case,	
61	Date	August 30, 2012 Signature: /s/ Darrin L Phillips				
		(Debtor)				
	Date:	Signature: (Joint Debtor, if any)			